

ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Jan Pieter R. Koopman

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 11/26/2024

Your Name: Emma L. Houlder

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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Date: 11/26/2024

Your Name: Jacqueline J. Janse

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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Date: 11/26/2024

Your Name: Olivia A.C. Lamers

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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Your Name: Geert V. T. Roozen

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Jeroen C. Sijtsma

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Miriam Casacuberta-Partal

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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Date: 11/26/2024

Your Name: Stan T. Hilt

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: M. Y. Eileen C. van der Stoep

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Inge M. van Amerongen-Westra

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Eric A. T. Brien

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Linda J. Wammes

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Lisette van Lieshout

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Govert J. van Dam

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Paul L. A. M. Corstjens

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Angela van Diepen

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Maria Yazdanbakhsh

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Cornelis H. Hokke

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 11/26/2024

Your Name: Meta Roestenberg

Manuscript Title: Clinical tolerance but no protective efficacy in a placebo-controlled trial 2 of repeated controlled schistosome infection

Manuscript Number (if known): 185422-JCI-CMED-1

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.